The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

TO: Early Intervention Program Directors, Billing Staff and Practice Management/Billing Developers

RE: **FISCAL YEAR 2013 – DPH Service Delivery Updates**
Autism Specialty Services Addendum

FROM: Jean Shimer, Early Intervention Data Manager
Steve McCourt, Early Intervention Fiscal Manager

DATE: June 11, 2012

DPH sent out a letter dated May 11, 2012 regarding service delivery updates. Please refer to the May 11th letter regarding the reporting and payment of autism specialty services for children having MassHealth. The following letter will provide an update for billing autism specialty services for children having a commercial insurer as well as other information regarding DPH requirements and guidance.

AUTISM SPECIALTY SERVICES FOR CHILDREN WITH COMMERCIAL INSURANCE
DPH is continuing its discussions with some of the commercial insurers in Massachusetts regarding autism specialty services. Individual insurers are still making their own decisions regarding what benefits to cover, rates and service allowances. In order to allow time for insurers to get their systems and processes in place for the receipt of EI autism specialty services DPH will institute a "soft" rollout in order to expedite payment of these services. The following should help providers to meet any payment deadlines regarding autism services:

- DPH will allow EI providers to bill DPH directly for autism specialty services for children having a commercial insurer prior to the EI program receiving the clinical approval for EI intensive services (ABA) from the insurer.
- Certain business rules will be waived at DPH for denials from an insurer through December 2012.

IMPORTANT: DPH expects that all EI providers will make good faith efforts to work with insurers to get the clinical approval (including the prior authorization) and verification of autism as a covered service. Once the clinical approval is in place it is expected that providers will begin billing the insurer. Although DPH will not pend denials from an insurer it is expected that programs follow-up with insurers to make certain that these services are being paid by the appropriate payer.

AUTISM SPECIALTY SERVICES TO BE SENT DIRECTLY TO DPH

The following autism specialty service transactions can be sent directly to DPH for children who have a commercial insurer using a reason code of "D08" (autism specialty service):

Autism Intake service

- Definition: the first face-to-face meeting between the family and an autism specialty provider for the purpose of information gathering. This service occurs for an IFSP child who is eligible for autism specialty services once a referral has been made to a specialty provider. *Note: This service differs from the EI Intake which is the first face-to-face pre-assessment planning visit with the family prior to the determination of EI eligibility.*
- Submit all autism intake services for children having a commercial insurance directly to DPH using a reason code of "D08". *Note: Prior correspondence stated that providers should submit these services to the third party. That is no longer the case. These services should be submitted directly to DPH.*
- Autism intake services should be billed directly to DPH even if the clinical approval has been received. EI programs should always bill these to DPH even after the rollout timeframe.

Services provided by non-ABA providers

- Currently the following two autism specialty providers are non-ABA providers:
    - Pediatric Development Center (PDC)
    - ServiceNet
- Insurers will not pay for non-ABA services so send these services directly to DPH
- DPH will match services with EIIS to identify children receiving direct treatment services from the above two specialty providers.

Autism specialty services provided prior to the clinical approval consent

- At this time all commercial insurers will require a clinical approval (including the prior authorization) for EI intensive services (ABA) before paying for autism specialty services. EI programs should have a process in place to acquire the clinical approval. Any autism specialty service that occurs prior to the receipt of this approval should be sent directly to DPH.
- *MassHealth as the Secondary Insurer:* Submit all autism services directly to DPH for children having a commercial insurer as their primary and MassHealth as their secondary insurer if clinical approval has not been given.
- *IMPORTANT:* There should be collaboration between the EI program and specialty provider staff to ensure that a process has been clearly worked out for the writing, submission and communication of the clinical approval and resultant outcome. Since EI programs will be able to bill DPH before a clinical approval is in place it is important that EI billing staff be informed of the clinical approval outcome and re-direct all billing to the insurance company if approval has been received.

DENIALS FROM A COMMERCIAL INSURER

- Once services are billed to an insurer after a clinical approval has been given, any denials from the insurer should be submitted to DPH using an appropriate denial code.
- Denials will not be pended by DPH for autism services reported through December 10, 2012. The DPH business rules of 5B, 5K and 5P will be waived through this time period for autism specialty services.
- Autism service charge denials from an insurer received by DPH after December 10, 2012 will be processed through DPH's pended business rules (5B, 5K and 5P).
- Other system DPH business rules will remain in place (e.g., 6A).

REPORTING SPECIALTY SERVICES TO DPH WHEN BILLING A COMMERCIAL INSURER

Information from Massachusetts insurers has revealed that some insurers will be using CMS procedure codes in addition to the H2019-SE code. Also, the rates of both the H2019-SE code and the other codes being used differ from the MassHealth and DPH rate of $61.52. The following provides information and guidelines for reporting services to DPH that have been billed to a commercial insurer.

IMPORTANT: when billing an insurer the H2019 procedure code the SE modifier is required to ensure that the service is processed as the Early Intervention autism specialty service.

CMS Codes and DPH Codes

The following provides examples of matching CMS codes billed to a commercial insurer to the DPH service codes. For further guidance we will be expanding the CMS listing when more information becomes available.

DPH Service Code *(DPH data field: Service)*	**CMS Codes** *(DPH data field: DMACode)*	**CMS Modifier** *(Do not report a modifer to DPH)*	**Professional Level** *(no DPH data field)*	**DPH Professional Discipline Code** *(DPH data field name: ProfDisc)*
J (Intake)	H2019		Paraprofessional	AS
	H2019	SE	Paraprofessional	AS
K (Direct treatment with supervision)	H2019		Paraprofessional	AS
	H2019	SE	Paraprofessional	AS
	H0032		BCBA	AS
	H2012		BCBA (Blue Cross)	AS
S (Direct treatment)	H2019		Paraprofessional	AS
	H2019	SE	Paraprofessional	AS
	H0031		Psychiatrist	AS
	H2012		BCBA	AS

Note: "Paraprofessional" refers to any Provisionally Certified Specialty Service Provider who is not a Board Certified Behavior Analyst.

Reporting the Original Autism Service to DPH when Billing a Commercial Insurer

The CMS code and rate billed to the commercial insurer should be reported to DPH. This is new for DPH for the purpose of being able to provide contractual adjustment payments (see below). For example, if the CMS Code is H2012 and the charge billed to the insurer is $97 then this information should be reported to DPH with a service code of "S", and CMS code of "H2012" and a charge of $97.00. Service delivery specification examples:

Transaction type *(SDFORM)*	Service *(Service)*	CMS Code *(DMACode)*	Payer *(TPPCode)*	Charge
B (Original)	S	H0031	36 (Blue Cross)	$97.00
B (Original)	S	H2019	36 (Blue Cross)	$48.52

Note: DPH does not require the reporting of the SE modifier for the H2019 procedure code.

Note: the DPH TVP web site will not limit what the CMS code or rate should be for autism specialty services (DPH service codes of J, K and S).

Reporting Transfer Charges to DPH

1. Contractual Adjustments

If the insurer rate for the autism service is less then $61.52 then DPH will pay t he difference between the insurer rate and DPH's rate. Service delivery specification example:

Transaction type *(SDFORM)*	Service *(Service)*	CMS Code *(DMACode)*	Payer *(TPPCode)*	Charge *(Charge)*	Reason *(Reason)*	DPH Charge *(PartDPH)*
B (Original)	S	H2019	36 (Blue Cross)	$48.52		$0.00
E (Partial transfer)	S	H2019	36 (Blue Cross)	$0.00	D10	$13.00

A reason code of "D10" (contractual adjustment) can be used for these charges to DPH.

2. Insurer denies all charges

Submit all insurer transactions with the insurer rate. Submit the charge to DPH at the $61.52 rate.

a: Insurer rate is $48.52

Transaction type *(SDFORM)*	Service *(Service)*	CMS Code *(DMACode)*	Payer *(TPPCode)*	Charge *(Charge)*	Reason *(Reason)*
B (original)	S	H2019	36 (Blue Cross)	$48.52	
D (unit transfer)	S	H2019	36 (Blue Cross)	-$48.52	
D (unit transfer)	S	H2019	00 (DPH)	$61.52	96

b: Insurer rate is $97.00

Transaction type *(SDFORM)*	Service *(Service)*	CMS Code *(DMACode)*	Payer *(TPPCode)*	Charge *(Charge)*	Reason *(Reason)*
B (original)	S	H0031	36 (Blue Cross)	$97.00	
D (unit transfer)	S	H0031	36 (Blue Cross)	-$97.00	
D (unit transfer)	S	H0031	00 (DPH)	$61.52	96

3. Partial Payments by the Insurer

With the clinical approval in place we are not anticipating partial payments by insurers to occur often. However, if there is a partial payment the example below shows how to report this to DPH.

a. If the insurer rate is less then $61.52 and the insurer does not pay the full rate amount then submit the denial to DPH using an appropriate denial cod e. Service delivery specification example where insurer paid $30.00:

Transaction type *(SDFORM)*	Service *(Service)*	CMS Code *(DMACode)*	Payer *(TPPCode)*	Charge *(Charge)*	Reason *(Reason)*	DPH Charge (PartDPH)
B (original)	S	H2019	36 (Blue Cross)	$48.52		$0.00
E (partial transfer)	S	H2019	36 (Blue Cross)	$0.00	96	$31.52

b. If the insurer rate is greater than $61.52 and the insurer pays less than $61.52 then submit the denial to DPH using an appropriate denial code. Service delivery specification example where insurer paid $30.00:

Transaction type *(SDFORM)*	Service *(Service)*	CMS Code *(DMACode)*	Payer *(TPPCode)*	Charge *(Charge)*	Reason *(Reason)*	DPH Charge (PartDPH)
B (original)	S	H0031	36 (Blue Cross)	$97.00		$0.00
E (partial transfer)	S	H0031	36 (Blue Cross)	$0.00	96	$31.52

DPH BILLING REQUIREMENTS FOR REPORTING ALL AUTISM SERVICES

REPORTING AUTISM SERVICES TO DPH FOR ALL CHILDREN

- Specialty service types (data field name: SERVICE):
  - S (autism direct treatment service)
  - J (autism specialty intake)
  - K (autism direct treatment supervision service)
- Service setting (data field name: WAIVER):
  - K01 = specialty service provided in the child's home
  - K02 = specialty service provided in a natural setting outside the child's home
  - K03 = specialty service provided in a non-community setting
- Professional Discipline (data field name: PROFDISC): AS (autism specialty service provider**)**
- Intake service: 2 hours per specialty agency per referral
- Maximum length of service: 3 hours/session
- Maximum hours per week: 30 hours
- Two or more specialty disciplines can provide an SSP service on the same day without the need for a waiver.
- Do NOT bundle services when reporting to DPH

REPORTING AUTISM SERVICES TO DPH FOR MASSHEALTH CHILDREN

- CMS service code (data field name: DMACODE): H2019
- Rate: $15.38 per 15 minutes or $61.52 per hour

REPORTING AUTISM SERVICES TO DPH FOR COMMERCIALLY INSURED CHILDREN

- If billing DPH directly prior to receiving the clinical approval:
  - CMS service code (data field name: DMACODE): H2019
  - Rate: $15.38 per 15 minutes or $61.52 per hour
- If billing the insurer after receipt of the clinical approval then report to DPH:
  - CMS service code (data field name: DMACODE): varies
  - Rate: varies
  - Transactions:
    - Original transaction: Report all original autism services that were billed to an insurer using the insurer CMS code and rate *(see examples on page 3)*.
    - Full denial transfer from insurer: Report all transfer transactions with insurer denial information using the insurer CMS code and rate *(see examples on page 4 under 2a and 2b)*.
    - Full transfer of charges to DPH: Report all transfer transactions having a DPH charge using the insurer CMS code at the DPH rate of $61.52 *(see examples on page 4 under 2a and 2b)*.
    - Partial transfer to DPH: Report all contractual adjustments *(see example on page 4 under 1)* or partial denials to DPH *(see example on page 5 under 3a and 3b)*.

DPH REASON CODE REQUIREMENTS:

- Direct billing to DPH *(Note: direct billing is also known as an original service record. A code of "B" or "C" under sdform is used for direct billing to DPH).*
    - D05 (Uninsured) should be used for children receiving specialty services who do not have insurance. Children with MassHealth who may not be eligible at the time of service are considered MassHealth recipients and should not be designated as uninsured.
    - D07 (Authorization not in place) should be used for commercially insured children whose autism specialty services were provided prior to the clinical approval consent (including children who have MassHealth as a secondary i nsurer).
    - D08 (Authorization was denied) should be used for commercially insured children whose clinical approval was not approved by the insurer (including children who have MassHealth as a secondary insurer).
    - D09 (Autism specialty service) should be use d for the following:
        - MassHealth children who do not meet the MassHealth requirements for specialty service billing.
        - Commercially insured children for the following services:
            - Intake services
            - Services provided by a non-ABA specialty provider

- Contractual Adjustment Reason Code
    - D10 (Contractual adjustment): use this for transfer transactions to DPH when the insurer pays in full at a rate lower than $61.52. The contractual adjustment amount should be the difference between the insurer and DPH rate.

- Reason codes for billing DPH after an insurer denial:
    - Denials from an insurer should be submitted to DPH using an appropriate adjustment reason code. Do not use the "D08" or "D09" reason code after a denial (for appropriate adjustment reason codes see *Code Sheet for Adjustment Reason*, page 92 of the *Early Intervention Service Delivery Reporting Requirements and Reimbursement for Services* document).

DPH BUSINESS RULES/E RROR CODES

The following business rules will be applied for all services on or after July 1, 2 012 to specialty service records as part of the Department's payment voucher processing:

Note: some of the following codes and descriptions have changed since the May 11, 2012 letter

Error Code	*Business Rule Description*	Status
S1	EIIS autism specialty data is not complete	Suspend
S2	Autism specialty Intake can only be billed once per client referral per SSP	Reject
S3	Autism specialty intake service exceeds 2.0 hours	Reject
S4	Autism specialty service exceeds 3 hours per session	Reject
S5	Autism specialty services exceed maximum hours per week of 30 hours	Reject
S6	Autism specialty service: child meets MassHealth requirements for payment	Denied

NEW: DPH LINE & CLAIM STATUS

For services that are charged to DPH but are not approved for payment a li ne status of "Denied" would result where DPH would not pay the charge but also would not reject the record. The remittance email sent to providers will include this new line and claim status.

This new status will be applied to autism services when DPH id entifies that MassHealth is the appropriate payer based on EIIS data. The EI program could then do one of two things:

1. If EIIS data had been entered incorrectly (child is really receiving services from ServiceNet, not Beacon) then the EIIS person would co rrect this and the service would get paid the following month.
2. If the service was mistakenly billed to DPH then the biller can reverse the charge to DPH and bill MassHealth. This would create transfer records and the service would be approved (since the charge to DPH would be $0.00).

DPH Line & Claim Status Code: Denied

If you have any questions or concerns regarding any of the information or guidance within this letter then please contact Jean Shimer at (617) 624-5526 or jean.shimer@state.ma.us. If you have any questions regarding non-clinical insurance regarding autism specialty services please contact Steve McCourt (617) 624-5954.